

|             |                                 |             |
|-------------|---------------------------------|-------------|
| CLAIMS ONLY | Application Number<br>10/670319 | Filing Date |
|             | Applicant(s)                    |             |

10/6703/9

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            | /        |        |                       |        |                        |        |
| 2            |          | /      |                       |        |                        |        |
| 3            |          | /      |                       |        |                        |        |
| 4            |          | /      |                       |        |                        |        |
| 5            |          | /      |                       |        |                        |        |
| 6            |          | /      |                       |        |                        |        |
| 7            |          | /      |                       |        |                        |        |
| 8            |          | /      |                       |        |                        |        |
| 9            |          | /      |                       |        |                        |        |
| 10           | /        |        |                       |        |                        |        |
| 11           |          | /      |                       |        |                        |        |
| 12           |          | /      |                       |        |                        |        |
| 13           |          | /      |                       |        |                        |        |
| 14           | /        |        |                       |        |                        |        |
| 15           |          | /      |                       |        |                        |        |
| 16           |          | /      |                       |        |                        |        |
| 17           |          | /      |                       |        |                        |        |
| 18           | /        |        |                       |        |                        |        |
| 19           |          | /      |                       |        |                        |        |
| 20           |          | /      |                       |        |                        |        |
| 21           |          | /      |                       |        |                        |        |
| 22           | /        |        |                       |        |                        |        |
| 23           | /        |        |                       |        |                        |        |
| 24           | /        |        |                       |        |                        |        |
| 25           | /        |        |                       |        |                        |        |
| 26           | /        |        |                       |        |                        |        |
| 27           | /        |        |                       |        |                        |        |
| 28           | /        |        |                       |        |                        |        |
| 29           | /        |        |                       |        |                        |        |
| 30           | /        |        |                       |        |                        |        |
| 31           | /        |        |                       |        |                        |        |
| 32           | /        |        |                       |        |                        |        |
| 33           | /        |        |                       |        |                        |        |
| 34           | /        |        |                       |        |                        |        |
| 35           | /        |        |                       |        |                        |        |
| 36           | /        |        |                       |        |                        |        |
| 37           | /        |        |                       |        |                        |        |
| 38           | /        |        |                       |        |                        |        |
| 39           | /        |        |                       |        |                        |        |
| 40           | /        |        |                       |        |                        |        |
| 41           | /        |        |                       |        |                        |        |
| 42           | /        |        |                       |        |                        |        |
| 43           | /        |        |                       |        |                        |        |
| 44           | /        |        |                       |        |                        |        |
| 45           | /        |        |                       |        |                        |        |
| 46           | /        |        |                       |        |                        |        |
| 47           | /        |        |                       |        |                        |        |
| 48           | /        |        |                       |        |                        |        |
| 49           | /        |        |                       |        |                        |        |
| 50           | /        |        |                       |        |                        |        |
| Total Indep  | 4        |        |                       |        |                        |        |
| Total Depend | 17       |        |                       |        |                        |        |
| Total Claims | 21       |        |                       |        |                        |        |

| May be used for additional claims or amendments |       |  |        |  |       |  |
|---|-------|--|--------|--|-------|--|
|   | Indep |  | Depend |  | Indep |  |
| 51  |       |  |        |  |       |  |
| 52  |       |  |        |  |       |  |
| 53  |       |  |        |  |       |  |
| 54  |       |  |        |  |       |  |
| 55  |       |  |        |  |       |  |
| 56  |       |  |        |  |       |  |
| 57  |       |  |        |  |       |  |
| 58  |       |  |        |  |       |  |
| 59  |       |  |        |  |       |  |
| 60  |       |  |        |  |       |  |
| 61  |       |  |        |  |       |  |
| 62  |       |  |        |  |       |  |
| 63  |       |  |        |  |       |  |
| 64  |       |  |        |  |       |  |
| 65  |       |  |        |  |       |  |
| 66  |       |  |        |  |       |  |
| 67  |       |  |        |  |       |  |
| 68  |       |  |        |  |       |  |
| 69  |       |  |        |  |       |  |
| 70  |       |  |        |  |       |  |
| 71  |       |  |        |  |       |  |
| 72  |       |  |        |  |       |  |
| 73  |       |  |        |  |       |  |
| 74  |       |  |        |  |       |  |
| 75  |       |  |        |  |       |  |
| 76  |       |  |        |  |       |  |
| 77  |       |  |        |  |       |  |
| 78  |       |  |        |  |       |  |
| 79  |       |  |        |  |       |  |
| 80  |       |  |        |  |       |  |
| 81  |       |  |        |  |       |  |
| 82  |       |  |        |  |       |  |
| 83  |       |  |        |  |       |  |
| 84  |       |  |        |  |       |  |
| 85  |       |  |        |  |       |  |
| 86  |       |  |        |  |       |  |
| 87  |       |  |        |  |       |  |
| 88  |       |  |        |  |       |  |
| 89  |       |  |        |  |       |  |
| 90  |       |  |        |  |       |  |
| 91  |       |  |        |  |       |  |
| 92  |       |  |        |  |       |  |
| 93  |       |  |        |  |       |  |
| 94  |       |  |        |  |       |  |
| 95  |       |  |        |  |       |  |
| 96  |       |  |        |  |       |  |
| 97  |       |  |        |  |       |  |
| 98  |       |  |        |  |       |  |
| 99  |       |  |        |  |       |  |
| 100   |       |  |        |  |       |  |
| Total Indep                                     |       |  |        |  |       |  |
| Total Depend                                    |       |  |        |  |       |  |
| Total Claims                                    |       |  |        |  |       |  |